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Name Signature Larry K. Roberts

February 9, 2005

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Application Number

## First Named Inventor Application PITTMAN Address to: Art Unit 3742 Commissioner for Patents **Examiner Name** MARK H. PASCHALL P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket Number 1798 Please change the Correspondence Address for the above-identified application **Customer Number:** OR Firm or Law Offices of Larry K. Roberts, Inc. Individual Name **Address** P.O. Box 8569 Address City Newport Beach State CA ZIP 92658 Country USA Telephone (949) 640-6200 Fax (949) 640-1206 This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registration Number \_ Registered practitioner named in the application transmittal letter in an application without an

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